

REASON		GRADE O RATING A	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		10/19/2018	M.G. HUFFER ADVENTURES IN LEARNING CHILD DEV.	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			10:35 AM 11:20 AM	M.G. HUFFER, INC.	
Investigation			Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:			20000-180000904	YONA	CCC/NURSERY
No. of Children: 14 Male 16 Female 30 Total			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired		
			Child Care License No.: 180177 ✓ Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):
Maggie Huffer Director ~~mass~~
DEH Inspector (Name & Title):
V. RAYMUNDO, EPHTO I 300-9570